

**ELECTION TO RETAIN NAFI RETIREMENT COVERAGE AS A RESULT OF
A MOVE FROM A NONAPPROPRIATED FUND POSITION TO A CIVIL SERVICE POSITION
AFTER AUGUST 9, 1996**

INSTRUCTIONS: The Personnel Office must verify that the employee was vested in the NAFI retirement plan before completing Part 1 of this form and giving it to the employee. The employee must indicate his/her election by signing in Part 3 and returning the signed form to the Personnel Office on or before the due date shown in Part 1.

PART 1 (to be completed by agency)		I verify that in accordance with 8347 (g) and 8461(n) of title 5, U.S.C., and OPM regulations at 5 CFR 847.205, this employee is eligible to retain coverage in the NAFI retirement plan because he/she-- (1) has never previously had an opportunity to elect to retain coverage in a NAF retirement plan; (2) has moved, after August 9, 1996 from a NAFI position subject to a NAFI retirement plan to a civil service appointment covered by CSRS or FERS without a break of more than 1 year; and (3) is vested in the NAF retirement plan as of the date of the move.	
Employee's name			
Date of Birth	Soc. Sec. No.		
Name of NAF Retirement Plan Army NAF Retirement Plan Army NAF 401(k) Savings Plan		Date of Move	
Due Date: Personnel Office Must Receive Election on or Before		Date Signed	Authorized Signature
		Title	

PART 2: ACKNOWLEDGEMENT OF RECEIPT AND NOTICE OF EFFECT OF FAILURE TO ELECT

I understand that I am eligible to retain retirement coverage in the NAF retirement plan listed above. I acknowledge that the Personnel Office has completed Part 1 of this election form and given it to me on this date. I understand that if I fail to complete Part 3 and return the completed form to the Personnel Office before the close of business on the Due Date (shown in Part 1), I will automatically be considered to have chosen Option 2 in Part 3. I also understand that the option I choose below (or am automatically considered to have chosen), will restrict my retirement plan entitlements for the rest of my Government career and that once I have completed Part 3 and returned this form to the Personnel Office, I can never change this election.

Employee's signature

Date

PART 3: EMPLOYEE'S ELECTION (Instructions to employee: Sign only the box for the option that you elect.)

OPTION 1: I elect to retain retirement coverage in the NAF retirement plan. I understand that because of this irrevocable decision, I will never be able to earn additional credit under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS). I understand that regardless of future moves between NAF and civil service employment in or out of DoD or Coast Guard, breaks in service, and changes in employment or retirement status, my retirement coverage will remain with a NAF retirement plan in accordance with the rules of that plan.

Employee's signature

Date

OPTION 2: I DO NOT ELECT TO RETAIN RETIREMENT COVERAGE IN THE NAF RETIREMENT PLAN. BECAUSE I HAVE MADE THIS DECISION:

- 1) I will enter FERS (or CSRS Offset if appropriate) without receiving any service credit in FERS (or CSRS Offset) for time spent under the NAFI plan.
- 2) I will not be given another opportunity to retain coverage in a NAFI retirement plan, if I ever move from a NAFI position to a civil service appointment in the future. However, if I move back to a NAFI position, I will be subject to the NAFI plan in accordance with its rules.
- 3) If in the future I move back to NAF employment, including employment covered by the NAF retirement plan that I am leaving, I will be given a one time opportunity (if I never before have been given the opportunity, and if I have 5 years of creditable civilian service under FERS or CSRS) to elect to retain membership in FERS (or CSRS Offset if appropriate), or to enter the appropriate NAF plan (without transfer of FERS or CSRS Offset service credit).

Employee's signature

Date

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NAF-CSRS
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